| No. 300 | ት. የኢማቁ ሙ | THE DIVISION OF HEALTH OF MISSOURI | | | | | | | പ്പാ | |
|------------------------------|--|--|--|---|--|----------------------|-----------------------------------|-------------------------------|---|--|
| 10.48 | FILED SEP 29 | 1951 | STANDA | RD CERTIF | CATE OF | DEATH | State | File No | 49 | 793 |
| | BIRTH NO | | _ REG. DIST. N | o. <u>73</u> | PRIMARY REG. D | | | | | |
|) | I. PLACE OF DEA | NTH . | | | 2. USUAL RE | SIDENÇE | (Where deceased in | ved. If Last | itution: res | idence before |
| 24% | a. COUNTY | Clay | | | a. STATE | lissouri | b. COI | | lav | admission) |
| 5 | b. CITY (If outside co | rpurate limita, write R | URAL and give township) | c. LENGTH OF STAY (in this place | c. CITY (If outed | de corporate limi | ts, write RURAL a | | | 24.1 |
| | TOWN Rura | l Liberty | | 2 WKS. | TOWN RI | iral Lib | perty | | | 4 |
| OR. | d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR | | | | d. STREET ADDRESS | (If rural | l, give location) | | _ | 7 |
| RECORD | INSTITUTION IOOF. Hospital | | | 1351.22 | R. 3 | Liberty. | Mo. | | | |
| 13 | 3. NAME OF DECEASED | a. (First) | b. (| Middle) | c. (Last) | - | 4. DATE OF | (Month) | (Day) | (Year) |
| ď. | (Type or Print) | John | | н. | Clark | | DEATH | Sept. | <u>13-5</u> 2 | <u> </u> |
| PERMANENT | . 17 1 | COLOR OR RACE | 7. MARRIED, NEW | /ER MARRIED, 'ORCED (Épecify) | 8. DATE OF BIRT | | 9. AGE (In year last birthday) | is if them. Months | | UNDER 21 HRS. |
| AN | | Male White Marrie | | led / | Oct. 8-1867 83 1. | | | 11 | | |
| RM | 10a. USUAL OCCUPATIO | ON (Give kind of work na life, even if retired) | 10b. KIND OF BUSINESS OR IN- | | 11. BIRTHPLACE | - - | | 7 | 12. CITIZE | N OF WHAT |
| E E | done during most of working life, even if retired) MINISCET | | Church | | Whitesville | | Missouri | | COUNTRY? | |
| | 13a. FATHER'S NAME | | 136. мо | THER'S MAIDEN | | | WE OF HUSBAN | | _ | • |
| · | Jesse S. C | | 4 | Minia Po | | | Laure Sta | | | |
| -MAKE | 15. WAS DECEASED EVE (Yearno, or unknown) (If | R IN U.S. ARMED I | FORCES? 16. SO: | CIAL SECURITY | 17. INFORMAL | | ATURE OR N | | | DRESS |
| F | · · · · · · · · · · · · · · · · · · · | | | No | Ben Clark | | BREEK-61 | Miss | | ans. |
| 1 1 | 18. CAUSE OF DEATH Enter only one cause per 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Line (or (a) (b) and (c) DIRECTLY LEADING TO DEATH (c) Condition (c) (c) (d) and (d) DIRECTLY LEADING TO DEATH (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | | | | | | 97 ET. | LOCATH LND DEATH LALLER | | |
| INK | line for (a), (b), and (c) | DIRECTLY LEADI | INC TO DECIMAL. | ه ار در کراست | | | | | The Marie | |
| — | THE for (a), (b), and (c) | | (a) | | se me | roceo | | | · | -une |
| | *This does not mean | ANTECEDENT CA | AUSES | ~ | | 10000 | | <i>D</i> - | | -ceres |
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| BLACK I | *This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the dis- | ANTECEDENT CA | AUSES s, if any, giving DUI nuse (a) stating ise last. | • • | teoporos | nes | | | | |
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STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on the reverse side of this | certificate was embalmed by me, or by |
|---|---------------------------------------|
| | Student Embalaer No |
| working under my personal supervision. | |

Student Embalmer

Licensed Embalmer No...... P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Pailure) to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.